February 20, 2014

# AHRQ's Primary Care **Practice Facilitation** Forum

# New & Noteworthy

## PCMH Resource Center

The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

We provide implementers, decisionmakers, and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

Please visit us at http://pcmh.ahrq.gov.

***This electronic newsletter continues our efforts toward building a learning network for individuals with an interest in practice facilitation. We will use this listserv to share questions and answers submitted by learning forum members, as well as resources, research articles, and events of interest to the community.***

## Facilitating Panel Management

### *How to Encourage Primary Care Practices to Develop Continuity of Care with their Patients*

*The Practice Facilitation Handbook: Training Modules for New Facilitators and Their Trainers* defines panel management, also known as population health management, as an approach to health care in which a primary care team plans proactively for the care of its entire population of patients. A panel is a list of patients assigned to each care team in the practice. The care team is responsible for preventive care, disease management, and acute care for all of the patients on its panel.

Panel management allows patients to have the opportunity to receive care from the same clinician and his or her team at each visit, thus enabling practices to provide consistent care to patients over time. This continuity of care makes it possible for practices to proactively track the needs of patients and monitor how effectively care teams are providing services. This approach is a crucial part of moving away from a reactive model of care to the PCMH model.

Setting appropriate panel size is important for good panel management since a panel that is too large can inhibit the care team from providing the best care possible. However, assigning patients to care teams is not as simple as equally distributing patients across care teams. When determining panel size, practices need to consider 1) how many hours specific clinicians devote to patient care, 2) the types of patients they typically care for, and 3) the expertise of all of the members of the care team.

Practice facilitators can assist practices with the empanelment process by informing practice leaders about simple patient assignment rules and helping to ensure patient input into this process. Examples of these rules and techniques can be found in Module 20 Appendix C of *The Practice Facilitation Handbook.*

For more information on helping practices adopt effective population health management approaches, see Module 20 of *The Practice Facilitation Handbook: Training Modules for New Facilitators and Their Trainers*. You can download a PDF copy of the entire handbook free of charge at the PCPF Resources page of AHRQ's **PCMH Resource Center** (http://pcmh.ahrq.gov).

## Publication of Interest

Altschuler J, Margolius D, Bodenheimer T, and Grumbach K. **Estimating a Reasonable Patient Panel Size for Primary Care Physicians With Team-Based Task Delegation**. Annals of Family Medicine 2012.10:5.

Published Abstract:

*Purpose:* Primary care faces the dilemma of excessive patient panel sizes in an environment of a primary care physician shortage. We aimed to estimate primary care panel sizes under different models of task delegation to nonphysician members of the primary care team.

*Methods:* We used published estimates of the time it takes for a primary care physician to provide preventive, chronic, and acute care for a panel of 2,500 patients, and modeled how panel sizes would change if portions of preventive and chronic care services were delegated to nonphysician team members.

*Results:* Using 3 assumptions about the degree of task delegation that could be achieved (77%, 60%, and 50% of preventive care, and 47%, 30%, and 25% of chronic care), we estimated that a primary care team could reasonably care for a panel of 1,947, 1,523, or 1,387 patients.

*Conclusions:* If portions of preventive and chronic care services are delegated to nonphysician team members, primary care practices can provide recommended preventive and chronic care with panel sizes that are achievable with the available primary care workforce.

Access the full text at: http://annfammed.org/content/10/5/396.full

## Perspectives from the Field

**Last week we asked for your thoughts on panel management. Karen Dalton from the Ohio Shared Information Services shared these insights with us:**

*"Practices are beginning to incorporate concepts of panel management. I assume that their initial struggles are common to many:*

- *How to attribute each patient to a given primary care provider (PCP)?*
- *How to balance patient preferences against demands for efficient assignment?*
- *How to engage clerical support staff in interpreting the many shades of meaning for assignment of a PCP?*
- *How to create historically accurate attribution versus draw a line in the sand and start from that point in purposeful attribution?*

*All of these in preparation for true "management" of a panel…*

*The difficulties involved in first defining a panel seem to occupy a lot of energy far in advance of defining the status of a provider's population."*

Ms. Dalton also wondered whether incentives or rewards based on population health quality measures serve to motivate providers to assure accurate attribution.

Karen Dalton, RN, MSN, MHA, PCMH CCE, is with the Ohio Shared Information Services (OSIS), a health center controlled network serving numerous Federally Qualified Health Centers (FQHCs) with information technology and electronic health record support. OSIS also works to implement a HRSA Health Center Controlled Network grant to assist a subset of those FQHCs with Meaningful Use, PCMH, and quality indicators.

(The views expressed here are those of Ms. Dalton and do not necessarily represent the views of AHRQ. No statement in this newsletter should be construed as official position of AHRQ or of the U.S. Department of Health and Human Services.)

## What Do You Think?

Ms. Dalton has shared her thoughts on the difficulties practices may face as they incorporate concepts of panel management. ***What do you think? Is attribution the most difficult part of panel management?***

***Please join the discussion by sending your thoughts to us at*** PracticeFacilitation@mathematica-mpr.com***. We look forward to receiving your responses and sharing them in the next newsletter.***

## Managing Your Account

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